



ACCOUNT CHANGE FORM

All information must be completed by the **primary member** on the account.

This form must be submitted by the 25th of the month for changes to take effect the following month.
Please print clearly and fill in all blanks.

Name _____ I.D. # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Membership Plan: Monthly ☐ 6-Month Paid in Full ☐ 12-Month Paid in Full ☐

Change Options:

☐ 60-Day Notice of Cancellation Reason: _____

☐ Freeze Account (\$10 per month for all membership types) Dates: _____

Entire membership accounts will be frozen for whole months in accordance with the following rules:

- Monthly plans can be frozen for a maximum of 4 months during a calendar year. The \$10 fee will be drafted monthly during the Freeze.
- 12-Month PIF plans can be frozen for a maximum of 4 months during the contract period. Freeze payment is due at time of request.
- 6-Month PIF plans can be frozen for a maximum of 2 months during the contract period. Freeze payment is due at time of request.

☐ Change Account From: _____ To: _____
(Adult, Couple, Family, Senior, Senior Couple, Youth)

<input type="checkbox"/> Add/Delete: (circle one)	Name	Relationship	DOB (M/D/Y)

Member Signature _____ Date: _____

OFFICE USE ONLY

Responsible Manager Signature _____ Date: _____

Proration: _____ Last Month: _____ Total Charged: _____

Scanned - Staff Initial: _____ Date: _____